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ABSTRACT

An educationally healthy community provides resident social groups with a body of learning that supports a balance between order and disorder. Educationally healthy individuals cannot live in isolation from some subgroup and the larger society, nor can a healthy larger society be isolated from different subgroups which accept some basic value orientations and challenge others. These basic assumptions about communal human needs can be related to educational goals. Three levels of learning are required for the individual to fit into society: (a) values allowing participation in some subgroup, (b) values allowing participation in the larger society, and (c) individual development which enhances the total range of human potentialities. These learning levels are evaluated in terms of the following criteria: (a) indications of what transpired during the acts of teaching and learning, (b) examination of outcomes, (c) actual applications of knowledge, and (d) indirect measures when it can be inferred that learning did or will transpire. To assess indicators and norms of individual educational health, a manageable survey instrument could measure the following factors: (a) student sense of control over the environment, (b) relevance of the school system to a particular subgroup, and (c) growth that does not make any direct or clear contribution to the social order. (Criteria for assessing educational programs are derived from a theoretical model of educational health. Figures illustrating levels and indicators are included.) (JS)

The Indicators and Measures of a Community's Educational Well-Being

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School programs cannot be assessed en toto. Given their broadly stated purposes, measurement experts respond with testing programs that evaluate only a narrow range of the school's avowed goals. The untested-for portions of school programs we write off as either impossible to achieve, unimportant, impossible to assess, or the rhetoric of school functionaries. When education is defined as more pervasive, life-long and critical than the process of schooling, these obstacles to educational assessment are magnified still further.

The purpose of this paper is to view educational health in neither personal or school terms, but as a component of a community's well being. What is educational health for a community? Is it the same in all communities? What are the indicators of such educational health? What norms or levels are "satisfactory" or desirable levels for these indicators? Once such minor questions have been resolved, there will be a second paper to attempt an amalgamation of the concepts in this paper with the approaches proposed for assessing the community's political, economic and environmental health.

The Order-Disorder Balance Concept

An educationally healthy community is one which provides the social groups residing in the community with learnings that support a balance between order and disorder. Disorder refers to the degree to which individual differences are accentuated.

Order learnings refer to the enhancement of commonalities which support group living. Disorder learnings are necessary for individual survival and growth. Order learnings are required for group survival and successful adaptation to the larger society. On another level, there is also an interactive effect. Disorder, or individual self-actualization, is a prerequisite for the group's survival, while some measure of group order offers the stable setting necessary for individual expression and development.

Another way to view this balance is to consider the inherent need of individuals to perform specialized and differentiated roles in all successful groups. As these different functions contribute to the group survival it becomes obvious that some degree of individual difference in capacity and performance is a group asset. In historical fact, the social groups which are less adaptive are those which do not utilize the individual competencies of their members and ultimately disappear.

As the balance between group order and individual disorder is secured, a stability of existence develops. At this point there is a critical decision in the life of the group. If the balance is frozen then rigidities (traditions) develop regarding both the nature of the opportunities offered individuals regarding their special contributions and the nature of the group's repertoire of adaptations to new conditions. If, on the other hand, the balance between order and disorder is one of dynamic readjustment, then there is greater possibility for change, both in terms of acceptable

individual contributions and in the group's responses to new demands.

Traditional societies try to lock in some desired balance between group order and individual disorder. Changing societies are constantly in a state of some disequilibrium as they seek but, by definition, never quite achieve an easing of tension between the groups's need for maintenance and the individual's needs for divergence.

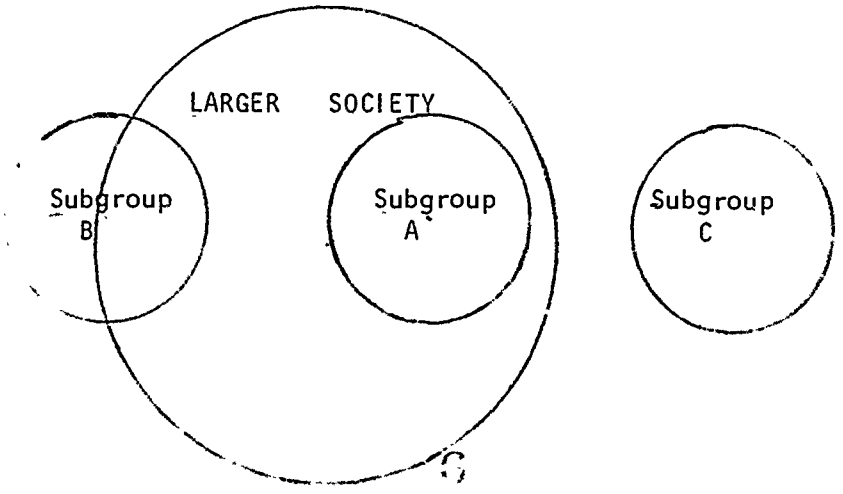
In relation to this order-disorder balance, American society can be characterized as a general setting with vague and inconsistent social boundaries, composed of numerous subgroups seeking a balanced relationship on two fronts; one in their relation to the larger American society, the other in the internal organization of their membership. This paper operationally defines "community" as a physical space composed of samples of one, or of a very few, subgroups. The actual values of the particular subgroups is unimportant. Educational health will be explained in universal terms which cut across the normative structure of the particular subgroups.

At this point it may be helpful to reiterate a brief summary of the argument thus far. There is a larger environmental-social setting, American society, with which all individuals and subgroups must interact. Samples of these subgroups, in smaller size and number, live in areas we arbitrarily label "communities." Individuals within these communities must relate to their immediate subgroups

and to the larger society. On a group level, the subgroups are in a state of consistent tension. This tension is now such an organized, predictable pattern of conflict that it exemplifies the order-disorder concept; that is, individuals can diverge and enhance themselves at the same time they contribute to their subgroups and the larger society. The order grows, not out of complete harmony between subgroups and the larger society, but because the laws of the dynamic push-and-pull between groups has been so well established that it can be predicted and utilized. Learning how to use this larger setting and its system of subgroups, and how to achieve the balance of order-disorder which enhances individual differences and group survival, is the fundamental goal of the educational health model which follows.

The Group, Subgroup, Individual Concept

There can be no educationally healthy individuals conceived in isolation from some subgroup and the larger society. There can be no healthy larger society, without different subgroups accepting some of the basic value orientations and challenging others. These relationships are quickly seen in Figure 1.

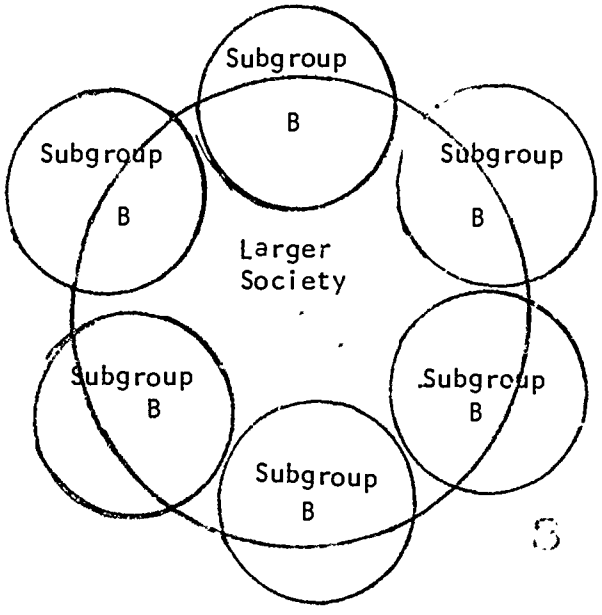


In the days of the melting pot delusion all subgroups were supposed to seek to be like Subgroup A. In effect this degree of accomodation results in complete assimilation so that subgroup members lose the power to gain psychological identity through their subgroup membership. There can be no security derived from membership in this subgroup since it has maintained no serious disagreement with the larger society's major value orientations. To be only a "good American" is to give up a great deal of what could be gained by also holding on to being Scotch, English, or whatever has now been diluted and completely homogenized into mainstreamism. Children socialized in the Subgroup A's are faced with the identity problem of being told from babyhood "That's what good Americans do." in place of the more powerful and healthier subgroup referent, "That's the way we do it."

Subgroup C is so alienated from the larger society that there is no hope of positive results for either the larger society or these subgroups. The larger society cannot accept, incorporate or utilize the severe challenges raised. On its part, these subgroups are not willing to accept any degree of accomodation since they fear being coopted or sold out. Certain groups of youth, militants, possibly even some Indian groups, are examples of this total alienation. In such subgroups the decision has been made that survival of the subgroup demands separation and the larger society concurs by establishing literal reservations (i.e. for Indians), or figurative ones

such as remote college campuses or encapsulated urban ghettos.

Subgroup B represents the ideal in this paper's paradigm for educational health. While there are significant differences in values and life styles between the subgroups in this category and the larger society, its members can participate in and succeed in the larger society. These subgroups hold distinctive sets of goals and practice a sufficient number of behaviors unacceptable to the larger society, to retain their subgroup integrity. Yet, it is this network of subgroups which are the vital life force for energizing the larger society and making it fit for survival in an unfolding universe. The challenges to our existing traditions, as well as the alternative solutions to the problems of total survival, derive from the freedom of Subgroup B's to be divergent. It would be difficult to imagine a concern for and a struggle over human rights in a larger society of only Subgroup A's or Subgroup C's. It is the fact that Subgroup B's participate on a challenge-conflict basis with alternative solutions, that injects the larger society with the will and the ideas upon which to grow and change. The healthiest larger society, therefore, is outline in Figure II.



In order to have an educationally healthy community, individuals must be educated for participation on three levels; as a member of the larger society, as a member of some Subgroup B., and as individuals free to explore their potentialities beyond the dictates of either of these groups. In the same way the Subgroup B's are the source of new inputs which insure the survival of the larger society, the freedom of individuals within Subgroup B's provides the basis for making these groups dynamic, living, energetic sources of challenge to the existing order, as well as the source of viable alternative solutions to life problems.

The Educational Health Concept

From an educational health point of view, there are three levels of learnings required--whether the unit of analysis is the individual, the subgroup or the larger society.

Level I. Knowledge, skills, behaviors, values for participation in some Subgroup B.

Level II. Knowledge, skills, behaviors, values for participation in the larger society.

Level III. Individual development which goes beyond contributions to either of the above groups and enhances the range of human potentialities.

Those who define the term narrowly, make education synonomous with schooling. In addition, they engage in two other kinds of over-specification which are even more limiting. First, they rank order the stated objectives of public schools

so that basic skills (i.e. the 3 R's plus traditional bodies of information), become either the paramount goals, or the pre-requisites for achieving all other goals. Second, they delegate Level I. to "the family" and denigrate Level III. as the frills of personal whim, not worthy of general public support.

If we examine Table I. below, we see that the popular definition of education is to give lip service to the full list, but to lock in around Objectives #1 and #2. In effect, the real school curriculum is what is tested for, since this is the actual basis of the school's and teachers' accountability. (What is in the curriculum guides, what is actually taught, or what is finally learned, are three other curricula without the power to control exercised by the standardized tests.) The technology of educational measurement, however, permits only the measurement of one or two kinds of objectives and thereby distorts the purposes of schooling by narrowing the public's interest to what can be scientifically (i.e. reliably) reproduced as achievement. And what can be most reliably replicated are distributions of standard scores which purport to assess 15 percent (20 percent if we concede that a part of Objective #2 can also be assessed "scientifically") of the goals stated by public schools themselves. In actual fact, school learning does not deal with anywhere near the full range of basic knowledge needed for educated living in tomorrow's world (e.g. basic economics, environmental and personal health, space physics, Asian and African history, etc. etc.), or with the thinking and affective processes for dealing with such subject matters in one's life. It is indeed an overstatement to concede that schools are capable of assessing even 20 percent

of their rhetoric.[1]

TABLE 1.

SCHOOL GOALS COMMONLY STATED BY LOCAL BOARDS OF EDUCATION AND STATE DEPARTMENTS OF PUBLIC INSTRUCTION

1. Basic skills and information
2. Fundamental principles and concepts of required knowledge.
3. Problem solving abilities.
4. Skills of group living and principles of citizenship.
5. Health, personal and environmental.
6. Aesthetic development.
7. Personal values and ethics.
8. Positive self-concept, independent judgment.

Level II. learnings (p. 7.) are, in our society, expected outcomes of a good public school system. Unfortunately, too many Americans confine all their educational expectations to Level II. This expectation is easily discernible in the envious remarks regarding the schools of the USSR, or China, or Spain, where there is no illiteracy, no discipline problem and high achievement as measured by standardized tests. It is also possible, although not fashionable to add Nazi Germany to this list of societies with good schools. What is quite fashionable is to use selected suburbs in the United States to make the following argument: 1) the really important learnings (i.e. for college)

[1]Robert E. Stake. "Objectives, Priorities and Other Judgment Data" Review of Educational Research. V. 40. 1970.

can be measured by achievement and other standardized instruments; 2)high scores indicate not only students who are bright but schools that are good; 3) good schools indicate that Level II. learnings have been achieved; 4) greater amounts of such learnings when concentrated, indicated the community's sound educational health. None of these four statements is true. Those who still doubt the uselessness of standardized tests as the measure of schooling, need only read the position of Robert Stake, the disallusioned aficionado of the accountability movement.[1] The inevitable trap of those who make standardized tests = schooling = education, can be seen most clearly in the work of Mosteller and Moynihan.[2] In their recent reexamination of the Coleman data they go through a process of parceling out the variances in scores. They conclude that less than 15 per cent of what is learned in school is a function of schooling and that most, almost all, achievement is a function of the students' background--particularly his preschool life and his ethnic background. Their quite logical conclusion from this finding is that future monies should not be invested in schools but on those facets of life which will really affect the child's subsequent education. While I agree with their recommendation, their logic is idiocy and results from making testing synonomous with schooling and schooling equivalent to education, thereby making achievement test scores equal to educational quality.

[1]Robert E. Stake. "Measuring What Learners Learn" A paper prepared for the Office of Superintendent, Springfield, Illinois. June, 1971. 40p.
[2]Frederick Mosteller and Daniel P. Moynihan (eds) On Equality of Educational Opportunity. Random House, New York: 1972.

The traditional supporters of this syllogism, therefore, include not only community conservatives but educational experts and all those who are willing to limit themselves to Level II. kinds of learning goals and then to only a portion thereof.

The unwillingness to accept all three levels is not confined to only those who become fixated with Level II. Level I. zealots include a strange range of some Indian groups, some extremely orthodox religious sects, some groups of militant blacks and others who want no part of the larger society and who sincerely believe they can carve out islands of non-inter action with the larger society and live entirely in subgroups. Children in such groups can achieve educational health in Level I. learnings but will be disadvantaged in the other two realms. Those individuals and families who seek only Level III. learnings as their concept of educational health are also disadvantaged in the other two realms.

While it has become popular (and valid) to knock schools as formal educational systems which do not meet three levels of educational need, it has become equally fashionable (and invalid) to assume that any form of non-systematic schooling is, by definition, healthy. Level I. extremists frequently go overboard in defending their subgroups' members to the point of supporting anything that any individual in the group chooses to do. For example, if heroin addiction or violent crime becomes commonplace, as in some urban ghettos, it is defended, even put forward, as a "value" of the particular subgroup, merely by virtue of its existence and by the fact that individuals can support themselves through effectively learning and practicing

such activities.

The "curriculum of the streets" is the euphemism used for activities which might enhance the particular subgroup's potential for survival as well as lead to the subgroup's complete separation from the larger society. (Subgroup C. Figure I.) Obviously, kinship systems, language, religion and the full range of the subgroup's culture can be a desirable and necessary form of Level I. learning. Such learnings are inevitably learned best through informal means and outside of schools. But other informal learnings which threaten the survival of the subgroup, or which prevent the subgroup from attempting to negotiate with the larger society, or which threaten to close down the individual member's options for personal life-styles, cannot be defended as healthy simply because they exist. It should be noted that these three conditions for deciding subgroup curriculum relate to the subgroup's survival -- and not to the opinion or approval of the larger society.

Subvariables and Indicators of Educational Health

Erik Erikson has described the educational needs of individuals as preparation for a life of change, chance and choice.[1] Obviously, his focus on individual health led him to postulate the increasing amounts of disorder which individuals should be prepared to cope with in future. He is, by implication, predicting the decreasing ability of the larger society to provide the order which afforded greater stability and security to the individual in former times.

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[1] Erik H. Erikson. Insight and Responsibility. W. W. Morton and Co. New York: (2nd Edition) 1964.

Robert Ardrey has translated psychoanalytic concepts into animal-human terms and specified the three basic needs of groups and individuals as survival, power and identity.[1] These, he claims, follow an order so that once survival and some measure of mastery over the environment has been achieved, the group and the individual will do almost anything to meet what appears to be an inexplicable desire for adventure. In reality, this mysterious whim is an inherent need for identity, so potent that the group and the individual will risk the survival and power it has already achieved in order to satisfy it. In effect, Ardrey claims that the choice between fame and fortune is no choice at all, since the desire for fame (i.e. identity) quickly drives out and overpowers the desire for fortune (i.e. security).

This model seems to be a more adequate represention of real life than Maslow's hierarchy of needs, which holds that physical safety is basic and self-actualization is not realized until there has been much growth through preceding stages of development (belongingness, love, esteem, etc.).[2] This theory does not account for the widespread and recurrent "deviants" -- both individuals and groups -- whose activities and priorities cannot be accounted for by any linear analysis of their supposed needs. The non-swimmer who jumps in after a child, the great nations that war against primitive ones and countless other examples, indicate the inability of this formulation's concepts to account for the data.

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1 Robert Ardrey. The Social Contract. Dell Publishing Co. New York: 1970.

2 Abraham Maslow. Motivation and Personality. Harper and Row. (Second Edition). New York: 1970.

There is no fixed order of individual or group needs but more likely a quick and very low level satisfaction of basics. Once security and power have been minimally and temporarily established, all can once again be risked for identity (i.e. adventure). These assumptions of individual-group needs, while certainly not acceptable to many, must be explicitly stated in order to present the indicators of educational health which follow. My argument does not derive from any moral orientation of what is desirable for individuals and groups to learn about, but from what individuals and groups are instinctively predisposed to learn. As a result, the educational goals which undergird my vision of educational health are not Dewey's version of democracy, or Roger's perception of personal freedom, or Skinner's notion of paternalistic leadership for benignly conditioned masses. My ultimate objectives are derived from a perception of man's genetic heritage and how this natural, persisting endowment can be elicited on the individual, subgroup and societal levels.

Measurement

The indicators in the last two columns of Table II. lead to the obvious problem of assessment. How can there be an objective evaluation of intra- and inter- group agreements? How can the indicators of individual effectiveness be ascertained?

TABLE 2. INDICATORS OF EDUCATIONAL HEALTH

LEVEL	BASIC NEED FOR KNOWLEDGE	PROCESSES BY WHICH SOCIAL GROUPS MEET BASIC NEEDS	PROCESSES BY WHICH INDIVIDUALS MEET BASIC NEEDS	INDICATORS OF GROUP'S EDUCATIONAL HEALTH	INDICATORS OF INDIVIDUALS' EDUCATIONAL HEALTH
I. Knowledge Valued by Ingroup	Security	Survives by teaching and supporting a common system of knowledge and values among its members.	"Where do I come from?" can be answered in a manner (i.e. lifelong consistency,) which leads to psychic security	Community (i.e. subgroup's) members agree upon and share a common body of values and perceptions.	Effectiveness of participation in subgroup's activities (e.g. recognition by peers, acceptance, leadership roles)
II. Knowledge Valued by Larger Society	Power	Gains power by socializing its members to also accomodate to larger society by learning its system of knowledge and values.	"What can I do?" can be answered through successful participation in the larger society	Community (i.e. subgroups) members agree upon and share a common body of agreements and disagreements with larger society	Effectiveness of participation in larger society (e.g. occupational success, income, political power)
III. Knowledge Valued by Individuals	Identity	Enhances its self-image by taking credit, or utilizing, the distinctive and divergent activities of its members	"Who am I?" can be answered by involvement in self-actualizing life choices	Community (i.e. subgroups) members demonstrate a diversity of life, leisure, and personal activities, which are facilitated by community setting.	Effectiveness of individual activities, (e.g. pursuit of interests, uses of talents)

There are at least four ways in which learning can be assessed. First, is by the process of what transpires during the acts of teaching/learning. Experiences and interactions can be evaluated in terms of the quality of the activities offered for learning and the students' involvement in them, the assumption being that processes are the most likely forms of content to be learned and transferred to later-life actions. Second, and the most common approach to assessment, is by an examination of product or learning outcomes. Standardized tests and behavioral competencies are two usual means for getting at the actual content of what is learned. The basic assumptions here are that a) the most significant forms of learning can be tested for, b) the sample of content used on tests represents the same universe of content needed later, and c) that actual achievements will have the greatest liklihood of transfer to subsequent life situations. A third approach to assessment involves the actual applications of knowledge. The results of learning used in later life is obviously the best test of real transfer and relevancy of learnings. The measurement problems are almost insurmountable in this area since it is difficult to wait for adulthood, to follow them up and most of all, to connect behavior with specific earlier learnings. One way to cut down this large number of factors which intervene between learning and subsequent living is to examine concurrent life practices. If children learn bicycle safety at the local Y it makes more sense to assess their bicycle riding later that day, while they are playing, than to assess their adult riding behavior and post judge the Y's

program. As simple as this point is, there is little informal or formal education which is evaluated by concurrent life experiences.

A fourth and most creative approach to assessing education is to look for unobtrusive and indirect measures from which it is possible to reasonably infer that learning has or will transpire. This level may make all of the preceding assumptions; more likely, it will seek gross indications of the learning opportunities and facilities available and assume learning where opportunities are greatest. In looking at Level I. of community health, local newspapers, bookstores, organizations might be surveyed for a gross indication of their use. Level II. might be assessed, in part, through public school achievement data, use of public libraries and the mass media. Level III. (personal) might, in part, be assessed through a survey of the actual time which individuals spend in particular kinds of personal pursuits.

In order to make a complete assessment, all four of these approaches would have to be used to assess the three Levels we are suggesting as the essential components of any community's educational health. This would require twelve different kinds of indicators (i.e. 4 x 3) to be carefully developed and utilized in some version of Table III. It is clear that these are two many and that at this point in the development of our model broader analytical categories must be used. Before such forced choices are made, however, it would be valuable to examine the categories in Table III.

TABLE 3. INDICATORS OF EDUCATIONAL HEALTH

LEVEL	FOUR KINDS OF INDICATORS FOR EACH OF THE BASIC LEVELS OF EDUCATIONAL HEALTH			
	PROCESS APPROACH	PRODUCT APPROACH	PRACTICE APPROACH	EXAMPLES OF UNOBTRUSIVE MEASURES
I. Ingroup	Members know how to relate to each other in mutually understood ways.	Members are able to explain and to answer questions about ingroup's knowledge and values in similar ways.	Members act on their values in similar patterns of behavior.	Members agree on the identity of potential members of subgroup.
II. Larger Society	Members know how to relate to nonmembers in ways acceptable in larger society.	Members learn effectively in larger society's schools, including preschool and adult forms of schooling.	Members can effectively participate in occupational and citizenship roles.	Change goals advocated by subgroup member for larger society are significant and attainable.
III. Personal	Members develop personal styles and mannerisms which do not reflect subgroup or larger society.	Members develop personal competencies in non-occupational, avocational way.	Members achieve a degree of well being through individualized pursuits.	Range of educational resources available in community.

Selecting Critical Indicators and Norms

In order to begin the process of having community residents validate the indicators in Table III, they must be further delimited. The few indicators finally selected must be first justified as most critical for theoretic reasons, and then supported by respondents surveyed in the various communities. Since the basic assumptions made previously regarding the inherently determined levels of learning serves as the theoretic rationale, the only real question remaining is, "What indicates the community's ability to provide the learning opportunities needed by its members on all three levels?" Following are three indicators of educational health; i.e. the single most critical indicator for each of the three required levels. The risk of being incomplete is worth the increased chance of creating a manageable survey instrument and moving ahead.

Level I. Indicator-Control. The Coleman data's ultimate implication was that educational achievement (recognizing they really mean schooling as measured by standardized tests), is more a function of whether students feel a strong sense of control over their environment that any ". . . of the variables measured in the survey . . . including all measures of family background and all school variables . . ."[1]

School is clearly an alien setting for many pupils

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[1] James S. Coleman, et. al. Equality of Educational Opportunity. Wash. D.C.: Office of Education, Dept. of H.E.W. U.S. Government Printing Office. 1966. OE 38001. P. 319.

who feel uncomfortable in its environs and inadequate to meet its expectations. The problem, given my model, is that schools will be ever thus since whether they are efficient or inefficient, they represent only a portion of learnings required for Level II. Rather than trying to remake schools which will be capable of providing students with feelings of security and control over their environments, it would be more sensible to support Level I. arrangements, which can actually deliver the development of such self-perceptions. The best that can be done on Level II. is to make the schools' (and other Level II. organizations') expectations more humane and more achievable. But, by definition, these goals represent socialization into the larger society and must inevitably remain alien to the inner nature of all members of the various Subgroup B's.

Given the evidence that power, defined as an ability to predict and meet the expectations in a setting, is a significant factor in learning, it should be used as the premier indicator of health on Level I. On the subgroup level, power means control over the content and processes of learning the subgroup culture. On an individual level, power means the security which the individual develops knowing that there is no way he can fail to achieve learning the subgroup culture.

The questions which research must help to answer regarding this community control over its teaching and learning of the subgroup culture are as follows:

1. Is there a common set of social values which the subgroup members share which are signifi-

cantly different from the larger society? These should be differences of a major nature which diverge or conflict with one or more of the larger society's basic value orientations, such as: the work ethic; the conjugal family unit; Christianity; the right to wage war; or competitive economic and occupational achievement.

2. Is there an identifiable system, formal or informal, for inducting the young into this subculture? There should be an explainable process by which this socialization is achieved.

3. Is there an identifiable system for taking in adult members from other similar Subgroup B. communities? In order for Level I. learnings (i.e. security), to be valid, they must be available on a life-long basis. There must be informal and formal ways of reinstilling and keeping alive the learnings which adults in need of such remediation can obtain throughout their lives. This concept is usually referred to as "connectedness" and while it is most critical during one's early socialization it is crucial as a life-long line -- otherwise we derogate the black who has "passed" or the Hebrew who is a "white Jew."

These three questions are those which must be answered "satisfactorily" to indicate the community's educational health. The norm or "satisfactory" level of learning on Level I. can be judged behaviorally. Is the subgroup surviving, thriving or diminishing. The reversal in trends among groups that formerly "passed" (e.g. blacks) and others who downgraded their subgroups (e.g. Poles) are some positive examples of this norm concept as a trend line rather than a specific level. The Jews of Rome who are disappearing through intermarriage and their inability to communicate in the subgroup language, is an indication of a trend in the opposite direction. Obviously, the educational

health of that community on Level I. is deficient.

The survey approach by itself, will not generate the data needed to answer the three critical questions regarding Level I. learnings. Interviews, case studies and unobstrusive measures will also be required.

Level II. Indicator-Choice. Given our model of educational health, the "relevance" of schools and other Level II. forms of learning to particular subgroups is not only necessary but undesirable since it is contrary to their basic needs and well-being. The essential goals of Level II. learnings are to be "irrelevant" so that subgroup members may gain mastery of the larger society's ethic, knowledge and behavior. The most unhealthy activity would be to pander to particular subgroup demands by changing Level II. bureaucracies and educational institutions. This is not to say, of course, the Level II. institutions (e.g. schools) should not be changed, but that they should be changed in ways which motivate, involve and make processes more effective -- not by changing their "irrelevant" goals. Learning mainstream value sets such as reading well, not showing too much emotion, keeping busy for its own sake, etc. must never be ridiculed out of business or changed simply because, by themselves, they may be useless or stupid. They are the very stuff of successful socialization into the larger society and must be learned.

To reject these and other learnings is to cut off the subgroup's option to survive as a Subgroup B. and leave it the single choice of trying to survive as a Subgroup C. (Fig. I.)

The greatest single truth that anthropology has offered the general pool of social science concepts is the substantiation that individuals can and naturally do, operate on several cultural levels simultaneously. It is naive to try to wash out the distinction between Level I. and Level II. learnings on the supposition that smoothing over such conflicting cultural demands and making them congruent is healthy. The healthiest goal is the contrary, to recognize the irreconcilable distinction between the learning goals of these two levels. Level I. teaches security while Level II. learnings lead to power, success and mastery in a dangerous, alien and unsafe general culture.

The goal of community participation in decision making or community control over Level II. organizations (i.e. schools), is also in contradiction to this model. These organizations should be viewed by subgroup members as "those people's" projects, programs and schools. If the Level II. learnings are, by definition, to be outside of, or in contradiction to, the subgroup learnings and if the control of these organizations are, by definition, to remain under the egis of the larger society, why then is "choice" the ultimate indicator in this model?

Subgroup members cannot and should not design Level II. learnings since they are not experts in the production and offering of such education.[1] They are, however, experts in the consumption of such education, in the same way that they quite knowledgeably consume legal, medical and all other services performed "on them!" We all know whether our children have learned well in level two systems, if not immediately then through their subsequent achievement in higher grades, college, jobs, the military, etc. More affluent subgroups can choose the schools and other Level II. systems which will successfully socialize their children into the larger society. They can use parochial as well as private schools. Ultimately, they are even capable of moving their homes to other school districts. The poor, the unaware, the ghettoized have no choice over school and other Level II. education systems. They are totally dependent on the public organizations which service their immediate community.

The only major educational proposal to ever recognize and address this fundamental problem was the voucher proposal.[2] This would have provided the poor as well as the rich, the mobile as well as the ghettoized, with the ability to exercise their expertise as consumers. By having alternative public

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1 This truism is more fully recognized by conservative public school administrators who involve lay citizens in the production of educational programs, than by the community members who are co-opted. Obviously, the purpose of such involvement has consistently been the prevention of change. The "people" are a diverse group who can agree on only the traditional forms of schooling.

2 Christopher Jenchs. "Educational Vouchers." A proposal prepared by the Cambridge Institute for OEO. Cambridge: 1970. 146p. (mimeo)

school programs available to all, parents might judge which Level II. operations were most successful with their own children and make annual choices about where to send their youngsters. Parents would have vouchers equivalent to the annual cost of educating each of their children and could make the final decision about which schools to support. The ultimate (ideal) effect would be that parents would support systems which are effective Level II. socializers of their particular subgroup's children and close down ineffective operations. This model was in essence, an accountability system for utilizing the community as expert consumers and as traditionalists who would in effect be demanding the socialization to the larger society, i.e. reading, etc.

In our study the question to be answered is a straightforward one. Do parents have choices, or are they locked in to a particular set of localized public services? There is a direct relationship between the subgroup's options and the Level II. educational health of a community. Those groups with one choice will be unhealthiest; those with unlimited choices healthiest. The norm is also quite clear in this area. Communities which have sufficient options to find schools and other Level II. systems that will make the subgroup's children successful in the larger society, are operating at a satisfactory norm.

The perceptions of residents on this issue will be the critical data to be gathered. Additional data will include school achievement, subsequent school achievement, job success and the other traditional hallmarks of "making it" in the larger society.

Level III. Indicator-Individual Development. Obviously, individuals have mutual relationships with their subgroups and with the larger society; in return for the order which these groups provide, the individual returns specialized functions to enhance both the subgroup and the larger society. This concept is elaborated at the outset of the paper in the explanation of the order-disorder concept. In realizing the full range of educational health, however, there is a whole realm of learning and growth which does not appear to make any direct clear, or immediate contribution to the social order. These individually enhancing learning activities have been designated here as Level III. learnings. Such educational achievements are most possible in a free society, dedicated to the protection of individual liberties. But even more important is the converse; a society dedicated to the protection of individual liberties can only survive by supporting and nurturing the fullest possible range of individual achievements. It is these "impractical" developments which are the source of energy, the growth drive, the power of life, the adventure drive in all living things from which

the larger society and the subgroups derive the viability to survive. "Let all the flowers bloom" must become an educational reality, on an individual level for a larger society to continue as a free one.

The indicator of this condition is the range and diversity of individual pursuits and learnings among a given subgroup. This can be studies through inventories of activities; time studies of how leisure, avocational and personal interests are pursued; or through an examination of products. Some Indian groups, whose only product is the same form and style of moccasin might have educational health in Level I. but be notably retarded in this realm of individual learning. Some youth groups are frequently well-educated in this realm, but disadvantaged in Levels I. and II.

Setting the norm or desirable level of learning is more difficult in this realm than in the others. Ideally, there can never be enough diversity. Practically, there must be some minimal amount. In gross terms there must be a range of activities which subgroup members are learning and which cannot be immediately tied to any "useful" purpose for the subgroup or larger society. These activities should transcend age, sex and income within the subgroup so that all factions are learning something, or growing in some area of individual development. Old people sitting and endlessly watching traffic, youth wandering aimlessly, are examples of poor educational health in this realm.

This model is a first step toward clarifying the key concepts of educational health on the community level. The next steps involve reconciling these concepts with the two or three major indicators of political, economic and environmental health. My studies thus far lead me to believe that the inherent needs for security, power and identity have manifestations in each of these disciplines which are just as clear as those I have outlined for education.

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